

## **Application Data Sheet**

### **Application Information**

Application number::	Unassigned
Filing Date::	June 20, 2003
Application Type::	Regular
Subject Matter::	Utility
Title::	WAVEFRONT RECONSTRUCTION USING FOURIER TRANSFORMATION AND DIRECT INTEGRATION
Attorney Docket Number::	018158-021800US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	DIMITRI
Family Name::	CHERNYAK
City of Residence::	Sunnyvale
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	781 North Fair Oaks Avenue #6
City of Mailing Address::	Sunnyvale
State or Province of mailing address::	CA
Country of mailing address::	US

Postal or Zip Code of mailing address:: 94085

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHARLES  
Middle Name:: E.  
Family Name:: CAMPBELL  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2908 Elmwood Court  
City of Mailing Address:: Berkeley  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94705

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ERIK  
Family Name:: GROSS  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 923 Ilma Way  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India

Status:: Full Capacity  
Given Name:: SEEMA  
Family Name:: SOMANI  
City of Residence:: Milpitas  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 903 Erie Circle  
City of Mailing Address:: Milpitas  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95035

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

#### **Foreign Priority Information**

Country:: Application number:: Filing Date::

#### **Assignee Information**

Assignee Name:: VISX, Inc.  
Street of mailing address:: 3400 Central Expressway  
City of mailing address:: Santa Clara  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95051-0703